

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 17, 2000 8:00 am**
Secretary of State

04-17-2000 90056 023 ***150.00

DOCUMENT # P 99 0000 68152
1. Entity Name
BCOM PROPERTY MANAGEMENT, Inc.**Principal Place of Business** 1201 Brickell Ave, S. 650
MIAMI, FL 33131
Mailing Address**2. Principal Place of Business**
Suite, Apt. #, etc.
3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip **Country**

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0945866 **Applied For**
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Name and Address of Current Registered Agent
MICHAEL KREITZER
1/2 FOWLER, WHITE, et. al
100 SE 2nd St. 17th FLOOR
MIAMI, FL 33131
7. Name and Address of New Registered Agent
Name ASLAN PALACHI
Street Address (P.O. Box Number is Not Acceptable)
1201 BRICKELL AVE, S. 650
City MIAMI **FL** **Zip Code** 33131**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.**
SIGNATURE ASLAN PALACHI **DATE** 4-10-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.** ☐
(See criteria on back)
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State
10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D MICHAEL BAUMANN</u> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D MICHAEL BAUMANN</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <u>1201 BRICKELL AVE, S. 650</u> <u>MIAMI, FL 33131</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D ASLAN PALACHI</u> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D ASLAN PALACHI</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <u>1201 BRICKELL AVE, S. 650</u> <u>MIAMI, FL 33131</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>P JEFFREY PALACHI</u> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.**SIGNATURE:** ASLAN PALACHI **DATE** 4-10-00 **Daytime Phone #** (305) 375-0090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)